

Cultural Adaptation of the Caregiver TLC Psychoeducational Program to Support Latino Caregivers

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Background

- Latinos have the highest prevalence of caregiving for a family member with Alzheimer's disease and related dementias (ADRD).¹
- The increased prevalence in caregiving is partially a result of Latino's increase in ADRD diagnoses and Latinos living longer with ADRD.²⁻³
- Latino ADRD caregivers report more time-intensive and greater level of care, more depression, and less family and social support than other racial/ethnic groups in the United States.⁴⁻⁵
- These burdens place Latino caregivers to become vulnerable to poor social connection (i.e., socially isolated, lonely, less socially supported), thus perpetuating poor emotional and psychological outcomes.⁶
- While several psychoeducational interventions have been developed for ADRD caregivers, few target Latino ADRD caregivers and there are no culturally sensitive interventions promoting social connection for Latinos.
- This highlights the urgency for culturally adapted programs that also address Latino caregivers' social-emotional needs.
- The **purpose** of this study was to collaborate with a Community Advisory Board to culturally adapt a caregiver intervention for Latino ADRD caregivers and identify strategies to improve social connection among caregivers' family and social networks.

Methods

Intervention: Caregiver Thrive, Learn, and Connect (TLC)

- Psychoeducational program to support caregivers
- Format: group sessions led by trained facilitators via zoom video conference
- Dose: six 2-hour weekly sessions
- Workshops designed to teach coping skills to deal with stress, depression, burden, and strategies to improve quality of life

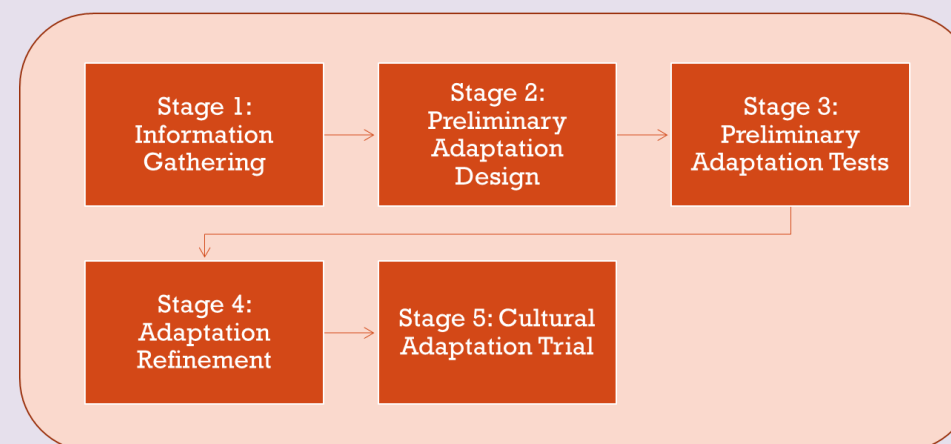
Community Advisory Board (CAB)

- All members of the CAB identified as Latina.
- CAB members were leaders in community organizations and joined from Charlotte, NC (n=2), San Diego, CA (n=2), and Rochester, NY (n=2).

Collaboration with CAB

- Eight CAB meetings in total via zoom (November 2023 - January 2024)
- CAB members were provided with the intervention materials
- Members provided feedback on materials during each CAB meeting

Figure 1. Cultural Adaptation Behavioral Health Stage Model



Barrera et al., (2013)

Documentation of the adaptation process

- Framework for Reporting Adaptations and Modifications – Enhanced

Results

Table 1. Documentation of Cultural Adaptation

Adaptations Made	What	Who	Why
Branding the program as “Cuidando Juntos”	Context	RT	Fit & Engagement
Adding content specific to dealing with ADRD behavioral and psychiatric symptoms	Content	RT, Trainer	Fit
Adding practice exercises to improve goal setting skills and increase social connection	Content	RT, Trainer, CAB	Fit & Engagement
Keeping the 6-week frequency	Content	RT	Engagement
Decreasing session length to 90 minutes	Context	RT, CAB	Engagement
Condensing material to allow more time for skill-building exercises and group discussion	Context	RT, CAB	Engagement
Expanding session content to reframe discussions in the context of a collectivistic culture	Content	RT, CAB	Fit & Engagement
Considerations for culturally appropriate translation of materials into Spanish	Content	RT, CAB	Engagement
Including a glossary of terminology that is stigmatized among Latinos at the beginning of each session (e.g., dementia, depression)	Content	CAB	Engagement
Suggesting how to frame social connection goals to align with cultural values (e.g. sharing care can be fulfilling for other family members)	Content	RT, CAB	Engagement
Normalizing early the experience of caregiving and the emotions that can arise from caregiving	Content	RT, CAB	Engagement

Note. RT = research team, CAB = community advisory board

Table 2. FRAME Summary of Adaptations (n = 11 modifications)

	n (%)
What was modified?	
Content	8 (72.7%)
Context	3 (27.3%)
Who participated in recommending & deciding modification?	
Research Team	10 (90.9%)
Community Advisory Board	8 (72.7%)
Trainer	2 (18.2%)
When the modification occurred?	
Pre-pilot implementation	11 (100%)
Post-pilot implementation	0 (0%)
Was the modification fidelity-consistent?	
Consistent	11 (100%)
Inconsistent	0 (0%)
Why was the modification made? (i.e., rationale, goals)	
To improve fit with participants	4 (36.4%)
To improve participant engagement	10 (90.9%)

Note. In the domains of Who & Why, multiple entries were allowed, so percentages add up to more than 100%

Conclusions

- Cultural adaptation frameworks can systematically and empirically guide the adaptation to fit the needs of a specific community.
- The collaborative adaptation process with Latino CAB members also ensures the development of a culturally sensitive intervention to address Latino ADRD caregivers' social-emotional needs.
- The FRAME domains provided a deeper understanding of the process and nature of adapting the TLC program.
- Documenting the process of adaptation allows for replicability and scalability of the intervention to be implemented in “real-world” settings.
- Pilot testing of this culturally adapted intervention with Latino ADRD caregivers will further refine the adaptation prior to conducting a larger scale randomized clinical trial.

References

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Acknowledgements

This work was supported by a grant from the National Institute on Aging (P30AG064103).